

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Van Hollen for Senate

ADDRESS (number and street)

10605 Concord St.

☐(Check if address
is changed)

Ste. 202

Kensington

CITY ▲

MD

STATE ▲

20895

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

stacey@vanhollen.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

http://www.vanhollen.org

2. DATE

MM / DD / YYYY
01 / 18 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00573758

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maud, Stacey, , ,

Signature of Treasurer

Maud, Stacey, , ,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 18 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Van Hollen, Chris, , ,

Candidate Party Affiliation

DEM

Office Sought:

House

☒

Senate

President

State

MD

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Van Hollen for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Van Hollen Victory Fund

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Maud, Stacey, , ,

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

301

942

3768

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Maud, Stacey, , ,

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

301

942

3768

Full Name of
Designated
Agent

Maud, Stacey, , ,

Mailing Address

10605 Concord St.

Ste. 202

Kensington

MD

20895

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

301

942

3768

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M&T Bank

Mailing Address

10420 Montgomery Ave.

Kensington

MD

20895

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**Van Hollen for Congress

Mailing Address

10605 Concord St.

_____Ste. 202

_____Kensington

_____MD

_____20895

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Maud, Stacey, , ,

Full Name

Mailing Address

10605 Concord St.

_____Ste. 202

_____Kensington

_____MD

_____20895

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone Number

301

_____942

_____3768

_____9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank, **M&T**

Depository, etc.

Mailing Address

10420 Montgomery Ave.

_____Kensington

_____MD

_____20895

CITY ▲

STATE ▲

ZIP CODE ▲